



# UTILITY BILLING DIRECT PAYMENT FORM

## THREE EASY STEPS

1. Complete attached form.
2. Attach a voided check or savings deposit slip to form.
3. Submit form by mail or drop off at:

City of Eau Claire  
203 S. Farwell St.  
PO Box 909  
Eau Claire, WI 54702



Questions - Contact Utilities at (715) 839-4954

## KEEP THIS COPY FOR YOUR RECORDS

**Stop Payments** – Stop payments can be issued up to three days prior to your payment date. As with checks, you are responsible for any charges associated with the stop payment. You may be required to provide written confirmation of the stop payment to your financial institution.

**Record of Payment** – Your monthly bank statement will indicate the amount and date of your automatic transfer. Retain this record as proof of payment for future reference regarding your billing. If a question arises regarding your transfer or if the amount differs from your bill, you must notify us and your financial institution within 60 days of the date of the questioned statement. Your financial institution will advise you of rights concerning an error.

**Availability of Funds** – You are responsible for having enough money in the account you designated on your payment date. As with checks returned for non-sufficient funds, there is a NSF charge on all returned automatic payments for non-sufficient funds. Direct payment may be canceled if a payment is returned.

**Payment Date & Amount** – The payment amount and the date this amount will be transferred from your bank account will be clearly stated on your quarterly utility statement.

**Termination** – Your service will remain in effect unless we receive written notice from you 10 days prior to the next scheduled billing date or until your service is terminated. Additionally, you must provide the same notice if you have closed your bank account.

**Account/Address Change** – Notify the City of Eau Claire of any account or address changes as soon as possible for uninterrupted billing.

CUT ALONG LINE		AUTHORIZATION FORM		CUT ALONG LINE	
CUSTOMER NAME _____				EMAIL ADDRESS _____	
ADDRESS _____				UTILITY ACCOUNT # (from statement) _____	
DAY TIME PHONE _____				CELL PHONE _____	
FINANCIAL INSTITUTION'S NAME _____					
(Please check one) CHECKING ACCOUNT <input type="checkbox"/> OR SAVINGS ACCOUNT <input type="checkbox"/>					
BANK ROUTING NUMBER _____		ACCOUNT NUMBER _____			
I authorize the City of Eau Claire to initiate entries to my (our) account as described above. This authority is to remain in full force and effect until the City has received written notification from me of its termination in such time and manner as to afford the City a reasonable opportunity to act on it.					
SIGNATURE _____		DATE _____			
SIGNATURE OF JOINT ACCOUNT HOLDER _____		DATE _____			
<b>Attach a voided check for a checking account or a deposit slip for savings</b>					